PESTICIDE SAMPLE SUBMISSION FORM

Ship To:
Analytical Laboratory **McCall Hall, MSU** **PO Box 173620** **Bozeman, MT 59717-3620** **Phone: 406-577-7917** **www.analyticallab.mt.gov**

Lab Use Only
Date Received:
Received By:
Delivered Via:
Invoice Number:

By submitting samples to the laboratory, the customer agrees to a simplified report. Information not included on reports consists of: analysis date, deviations, measurement uncertainty, and sampling scheme (as the lab does not conduct sampling). All required information is readily available upon request.

Customer Use Only	
Bill To:	**Report To:**
Attn:	**Attn:**
Address:	**Address:**
City: **St:** **Zip:**	**City:** **St:** **Zip:**
Phone: **Fax:**	**Phone:** **Fax:**
Email:	**Email:**

Lab Use Only	Customer Use Only		
Laboratory Sample Number	**Sample Description** (will show up on report)	**Sample Type** (veg/soil/water/compost)	**Analysis Requested** (glyphosate, phenoxy acids, trifecta, MT_Universal, etc.)